



Columbia County Health System	
Admissions/Patient Billing	Ref. No.: BUS011 Total Pages: 5
Review Date: January 25, 2007	Subject
Approval: _____ Department Manager _____ Administrator _____ Board Chairman	Charity Care/ Financial Assistance Policy
	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol

PURPOSE:

Columbia County Health System is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. No person in need of necessary health care shall be denied service from this hospital based on ability to pay.

POLICY:

In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of Washington Administrative Code, Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

Charity Care will be granted to all persons regardless of race, color, sex, religion, age or national origin. In an attempt to ensure that no one within our service area goes without healthcare, Charity Care will be offered to those that demonstrate eligibility for either/or the hospital services or clinics services.

PROCEDURE:***Notification to the Public***

Columbia County Health System's charity care policy shall be made publicly available through the following elements:

1. A notice advising patients that the hospital provides charity care shall be posted in key public areas of the hospital, including Admissions, the Emergency Department, and the Patient Billing Office.



2. The hospital will distribute a written notice of the hospital's charity care policy to patients at the time the hospital requests information pertaining to third party coverage. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of charity care before receiving treatment; he/she shall be notified in writing as soon as possible thereafter.

3. Annually the Columbia County Health System will publish a notice of availability of uncompensated services and amount provided in the local newspapers within the District.

4. The hospital shall train front-line staff to answer charity care questions effectively or how to direct such inquiries to the appropriate department in a timely manner.

5. Written information about the hospital's Charity Care Policy shall be made available to any person who requests the information, either by mail, by telephone, e-mail, or in person. The hospital's sliding charity care/ write-off schedule, if applicable, shall be made available upon request.

Eligibility Criteria

Charity care is generally secondary to all other financial resources available to the patient, including: group or individual medical plans; Worker's Compensation; Medicare; Medicaid or medical assistance programs; other state, federal, or military programs; third party liability situations (e.g. auto accidents or personal injuries); or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

The patient billing office will make a referral to the local DSHS office if the patient/guardian appears eligible for Medicaid.

In those situations where the responsible party is not able to provide any of the documentation requested, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.(WAC 246-453-030 (4)). All other patients shall be considered for charity care under this policy based on the following criteria:

- The full amount of hospital charges will be determined to be charity care for a patient whose gross family income is at or below 100 percent of the current federal poverty level (consistent with WAC 246-435).



- A sliding charity care/ write-off schedule shall be used to determine the amount that shall be written off for patients with incomes between 101 and 300 percent of the current federal poverty level.
- The sliding scale effective 3/1/2008, based on the 2008 Federal Poverty Level (FPL) from the Federal Registry dated January 23, 2008, and corresponding percentage discount are as follows:

% of FPL	100%	150%	200%	300%
Family Size	Discount = 100%	Discount = 75%	Discount = 25%	Discount = 10%
1	10,400	15,600	20,800	31,200
2	14,000	21,000	28,000	42,000
3	17,600	26,400	35,200	52,800
4	21,200	31,800	42,400	63,600
5	24,800	37,200	49,600	74,400
6	28,400	42,600	56,800	85,200
7	32,000	48,000	64,000	96,000
8	35,600	53,400	71,200	106,800
Over 8	Add \$3,600 for each additional member			

The provision of this section and RWC 70.170.060 (5) shall not apply to the professional services of the hospital's medical staff in the hospital, emergency room, provided that the charges for such services are either submitted by the individual medical staff or are separately identified with the hospital's billing system.

Catastrophic Charity Care allows for the hospital (Administration/Board) to write off as charity care amounts for patients with family income in excess of 300 percent of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

The responsible party's financial obligation which remains after the application of any sliding charity care/ write-off schedule shall be payable as negotiated between the hospital and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

Columbia County Health System shall not require a disclosure of resources from charity care applicants whose income is less than 100 percent of the current Federal Poverty Level but may require a disclosure of resources from charity care applicants whose income is at or above the 101 percent of the current Federal Poverty Level.



Process for Eligibility Determination

All patients are considered as being able to pay until information is provided that indicates otherwise. Any indication of an inability to pay will be considered a request for uncompensated services.

During the patient admission, discharge, or collection process, the District will make an initial determination of eligibility based on verbal or written application for charity care. Should patients choose not to apply for charity care, they shall not be considered for charity care unless other circumstances or intent become known to the District. Pending final determination, the District will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the District's efforts to reach a determination of eligibility status, including return of applications and documentation within fourteen (14) days of receipt. Requests to provide charity care will be accepted from sources such as a physician, family, community or religious groups, social services, financial service personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for charity care under this policy, the patient will be advised of this potential and make an initial determination that such account is to be treated as charity care. A person may make a request more than once for the same services where there is a change in eligibility.

Hospital personnel may, but are not required to request documentation or verification of income such as:

1. W-2 withholding statements for the prior year
2. Payroll check stubs for relevant time period
3. Income tax return from the most recent filed year
4. Forms approving or denying unemployment compensation
5. Forms approving or denying Medicaid coverage or Medical Assistance
6. Written statements from employer or welfare agencies
7. Dependent birth certificates

The hospital will make a written, conditional, or final determination of eligibility or denial within fourteen (14) working days following a pre-service application; or by the end of the first full billing cycle following a post-service request.

When an application for charity care is denied, the responsible party shall receive written notice of denial, which includes:

- The reason or reasons for the denial
 - If the reason for the denial is related to inadequate information, the notice should include the following: a description of the information that was requested and not provided, including the date the information was requested, a statement indicating that the eligibility for charity care cannot be established based on the information provided to the hospital, and a notice that if the



applicant provides the adequate information within thirty (30) days from the date of the denial notice the request will be reconsidered.

- The date of the decision
- Instructions for appeal or reconsideration
 - The patient/guardian may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the patient billing office within fourteen (14) days of receipt of notification. All appeals will be reviewed by the Chief Operations Officer. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guardian and the Department of Health in accordance with state law.

Documentation and Records

All information provided shall be kept confidential. Copies of documentation used to support the application shall be kept with the application at all times. All charity care documentation will be retained by Columbia County Health System for five (5) years.

